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**\*BIBDATASHEET\***

Bib Data Sheet

CONFIRMATION NO. 2651

<b>SERIAL NUMBER</b> 10/072,728	<b>FILING OR 371(c) DATE</b> 02/07/2002 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2675	<b>ATTORNEY DOCKET NO.</b> IMM043E
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**APPLICANTS**

Chester L. Schuler, Sudbury, MA;  
 Seth M. Haberman, New York, NY;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 09/253,392 02/19/1999 PAT 6,876,891  
 which is a CON of 08/585,198 01/11/1996 PAT 5,889,670  
 which is a CIP of 08/434,176 05/03/1995 PAT 5,559,412  
 which is a CON of 08/076,344 06/11/1993 PAT 5,414,337  
 which is a CIP of 07/783,635 10/24/1991 PAT 5,220,260 \*  
 (\*)Data provided by applicant is not consistent with PTO records.

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*****IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 03/01/2002**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 13	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

**ADDRESS**

David B Ritchie  
 Thelen Reid & Priest LLP  
 P O Box 640640  
 San Jose ,CA 95164-0640

**TITLE**

Interface device with tactile responsiveness

<b>FILING FEE RECEIVED</b> 740	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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